

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09832419** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3	1						53							
4		1					54							
5	1						55							
6		1					56							
7	1						57							
8	1						58							
9		5					59							
10		5					60							
11		5					61							
12		5					62							
13		5					63							
14	1						64							
15		1					65							
16	1						66							
17	1						67							
18	1						68							
19	1						69							
20	1						70							
21		1					71							
22		1					72							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	11						TOTAL IND.							
TOTAL DEP.	31						TOTAL DEP.							
TOTAL CLAIMS	42						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS